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TO:	Examiner K. Kim	FAX NO.:	(571) 273-8300
FROM:	Shawn L. Peterson	USER ID:	8061
CLIENT:	1772	MATTER:	17400US02

Number of Pages This Transmission (Including Cover Page): 18

I hereby certify that the attached Transmittal Form (1 page); Fee Transmittal (1 page, in duplicate); Petition for Extension of Time Under 37 CFR 1.136(a) (1 page, in duplicate); and Response (12 pages) are being facsimile transmitted to the United States Patent and Trademark Office on June 8, 2006.


Shawn L. Peterson, Reg. No. 44,286

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PTO/SB/21 (09-04)

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TRANSMITTAL FORM		Application Number	09/872,645
(to be used for all correspondence after initial filing)		Filing Date	June 1, 2001
		First Named Inventor	Karaoguz
		Art Unit	2638
		Examiner Name	K. Kim
Total Number of Pages in This Submission	17	Attorney Docket Number	17400US02
ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Response - 12 pages <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Return-Receipt Postcard <input type="checkbox"/> Other Enclosure(s) (please identify below):	Remarks Fee Transmittal Form submitted in duplicate Petition for Extension of Time Under 37 CFR 1.138(a) submitted in duplicate
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	McAndrews Held & Malloy, Ltd.		
Signature	<i>Shawn L. Peterson</i>		
Printed Name	Shawn L. Peterson		
Date	June 8, 2006		
CERTIFICATE OF FAX TRANSMITTAL			
I hereby certify that this correspondence is being sent via facsimile to Examiner K. Kim at the United States Patent and Trademark Office, fax No. 571 273 8300, on June 8, 2006.			
Name (Print/type)	Shawn L. Peterson	Registration No. (Attorney/Agent)	44,286
Signature	<i>Shawn L. Peterson</i>	Date	June 8, 2006

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FROM McANDREWS, HELD, & MALLOY

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Fees pursuant to the consolidated Appropriates Act, 2005 (H.R. 4818). <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2006</h3>		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/872,645
		Filing Date	June 1, 2001
		First Named Inventor	Karaoguz
		Examiner Name	K. Kim
		Art Unit	2638
TOTAL AMOUNT OF PAYMENT (\$) 120.00		Attorney Docket No.	17400US02
METHOD OF PAYMENT (check all that apply)			
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____			
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>13-0017</u> Deposit Account Name: <u>McAndrews Held & Malloy</u> For the above-identified deposit account, the Director is hereby authorized to (check all that apply)			
<input checked="" type="checkbox"/> Charge Fee(s) indicated below <input type="checkbox"/> Charge Fee(s) indicated below, except for the filing fee			
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fees(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments			
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)			
1. BASIC FILING, SEARCH, AND EXAMINATION FEES			
Application Type	Filing Fees Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500
Design	200	100	100
Plant	200	100	300
Reissue	300	150	500
Provisional	200	100	0
2. EXCESS CLAIM FEES			
Fee Description		Small Entity Fee (\$)	Fees Paid (\$)
Each claim over 20 (including Reissues)		50	25
Each independent claim over 3 (including Reissues)		200	100
Multiple dependent claims		360	180
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
51	-20 or HP	0	0
HP = highest number of total claims paid for, if greater than 20			
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
12	-3 or HP	0	0
HP = highest number of independent claims paid for, if greater than 3			
3. APPLICATION SIZE FEE			
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).			
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)
-100		150 (round up to a whole number)	0
4. OTHER FEE(S)			
Non-English Specification, \$130 fee (no small entity discount)			Fee Paid (\$)
Other (e.g., late filing surcharge): Extension of Time Request			120.00
SUBMITTED BY			
Signature	<i>Shawn L. Peterson</i>	Registration No. (Attorney/Agent)	44,286
Name (print/type)	Shawn L. Peterson	Telephone	(312)775-8000
		Date	June 8, 2006